

State of Michigan
Department of Labor & Economic Growth
Workers' Compensation Agency/Board of Magistrates
P.O. Box 30016, Lansing, MI 48909

WITNESS SUBPOENA (and/or) SUBPOENA FOR PRODUCTION OF RECORDS

vs

Plaintiff

Employer(s) and Employer Carrier(s)

Social Security Number

State of Michigan

County of _____

To

In the Name of the People
of the State of Michigan

Pursuant to §853 of the Workers' Disability Compensation Act of 1969, you are hereby ordered to appear before _____ of the Workers' Compensation Agency,
at _____ in the City of _____,
County of _____, State of Michigan, on the _____ day of _____, 20____,
at _____ AM PM to:

- I. Give testimony (and/or)
- II. Produce the books, papers, documents or other tangible things designated below:

on behalf of _____, attorney for _____.

If you fail to appear, or appear without such material as you have been ordered to produce, you may be found guilty of contempt and punished accordingly in any circuit court within whose jurisdiction the offense is committed. Punishment for contempt may include imprisonment of up to 30 days or a fine of up to \$250.00 or both, and costs.

Signed this _____ day of _____, 20 ____.

Workers' Compensation Agency

By: _____
Magistrate — Deputy Director

Attorney for Plaintiff / P No.

Address

Telephone Number

Attorney for Defendant / P No.

Address

Telephone Number

Attorney for Defendant / P No.

Address

Telephone Number

NOTICE: If copies of business/medical records are mailed, the records custodian shall complete the back side of the subpoena and attach a complete copy of the original business/medical records to the subpoena.

STATE OF MICHIGAN
Department of Labor & Economic Growth
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P.O. Box 30016, Lansing, MI 48909

VS

Plaintiff and Social Security Number

Defendant(s)

Case assigned to Magistrate: _____

CERTIFICATE OF RECORDS CUSTODIAN

STATE OF MICHIGAN
COUNTY OF _____

_____, the undersigned after being sworn, states the following:

1. That I am the _____ of _____,
(Your Position) (Organization)
and in such capacity I am the custodian of the business/medical records for this organization.
2. That on the _____ day of _____, 20____, I was served with a subpoena in connection with this claim, calling for the production of business/medical records pertaining to _____.
3. That I reviewed the original of the records and made a true and exact copy of the original records and that the copies of the original records attached are true and complete.
4. If submitting medical records, it is the regular practice of this organization to contemporaneously and timely record information concerning the treatment and care of the patient and I have attached the records that have been prepared and kept concerning this patient.

Your Signature

Print or Type Your Name

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public, _____ County, Michigan.

My Commission Expires:_____.

PROOF OF SERVICE

_____, being first duly sworn, deposes and says that he/she is a person of suitable age and discretion to serve process and upon oath that on the _____ day of _____, he/she served a copy of the subpoena personally upon _____ at _____ in the city of _____, _____ County, Michigan, and did tender a witness fee in the amount of \$ _____ and a mileage fee in the amount of \$ _____.

Signature

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public, _____ County, Michigan.

My Commission Expires:_____.